

Exhibit L

To:

To:

Company :

Fax Number : 1(866)7094744

Phone Number :

From: Lindsay Hyland

Fax Number : 860-241-2930

Phone Number : 2830

Time Sent : Monday, January 03, 2011 12:33PM

Pages : 27

Description : # [REDACTED] 843 Silber FINANCIALS

MESSAGES:

Good Afternoon,

Attached please find financials for the above referenced file.

Thank you,

Lindsay Hyland
Non-Lawyer Assistant
Mediation Group
Hunt Leibert Jacobson, P.C.
50 Weston St.
Hartford, CT 06120
Fax: (860) 241-1795
LHyland@huntleibert.com

CHECKLIST

BORROWER: Todd Silber LOAN NUMBER: 8843

- ☒ FINANCIAL WORKSHEET SIGNED & DATED
- ☒ MAKING HOME AFFORDABLE APPLICATION (RMA form)
- ☒ HARDSHIP AFFIDAVIT / LETTER SIGNED & DATED
- ☒ TAX RETURNS: 2008 & 2009 SIGNED & DATED
- ☒ IRS FORM 4506-T FILL OUT TOP SECTION / SIGN & DATE
- ☒ CURRENT PAYSTUBS (1 MONTH CONSECUTIVE)
- ☐ RECENT YEAR-TO-DATE P&L STATEMENT
(MONTHLY-UP TO CURRENT DATE FOR EACH BUSINESS)
- ☒ AWARD LETTER:
Unemployment/Social Security/Pension/Welfare/ADC/Other
- ☒ CURRENT PERSONAL BANK STATEMENTS (2 MONTHS)
- ☒ CURRENT UTILITY BILL
- ☒ CONTRIBUTION LETTER
- ☐ COPY OF RENTAL AGREEMENT

FAX TO: 860-241-1795

Gmac - 866-709-4744

**PROVIDE LOAN NUMBER ON EVERY PAGE & SEND AS ONE COMPLETE PACKAGE
IN ONE FAX**

See Bank
Statements
for
Direct
Deposit

26
Pages

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)
 PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE
 PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE**

To: Loss Mitigation
 From: Tedd Silber Account Number(s) 8843
 Fax to: 1-866-709-4744 or mail to: Loss Mitigation
 233 Gibraltar Road Suite 600
 Horsham PA 19044

ALL of the following information must be completed and returned to determine eligibility:

- ☐ Financial Analysis Form/Information for Government Monitoring Purposes
- ☐ A signed and dated copy of the Acknowledgement/Agreement
- ☐ A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- ☐ Documentation confirming occupancy -- a recent utility bill in your name at the property address.
- ☐ Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- ☐ Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.

TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability	<input type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form)
Child support or alimony*	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and/or tips)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. AND <input type="checkbox"/> Current lease agreement for the subject property. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule.
Rental income from room rental of the primary residence	<input type="checkbox"/> Copy of current lease agreement. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment	<input checked="" type="checkbox"/> Copy of a benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input checked="" type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

*You are not required to disclose Child Support, Alimony, or Separation Maintenance income, unless you choose to have it considered.

~~If you want to sell this property, please also include:~~

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD-1), if available
- ☐ Signed Third Party Authorization Form



Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

FINANCIAL ANALYSIS FORM (Continued)

Account Number

INCOME/EXPENSES FOR HOUSEHOLD			INCOME/EXPENSES FOR HOUSEHOLD		INCOME/EXPENSES FOR HOUSEHOLD	
1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	Borrower 1	Borrower 2				
Gross Salary/Wages	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Unemployed Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1* & 15* /15* & 30* <input type="checkbox"/> Per Job	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1* & 15* /15* & 30* <input type="checkbox"/> Per Job	Estimated Value of this property	\$ NO JCL	First Mortgage Payment	\$ 1496.80
Gross salary/wages - usual monthly income before any tax withholding or employer deductions	\$ 2834.00	\$	Estimated Value of Other Real Estate Owned	\$	Alimony Payment	\$
Employment Start Date:		Employment Start Date:	Checking Account(s) Balance	\$ 1400	Child Support Payment	\$
			Saving Account(s)/Money Market Balance	\$	Dependent Care Payment	\$
			Life Insurance Cash Value	\$	Liens/Roofs	\$
			IRA/Keogh Account(s) Balance	\$	Other Mortgages	\$
			401K/ESOP Account(s) Balance	\$	Personal Loans/Student Loans	\$
			Stocks/Bonds/CDs Balance	\$	Auto Loans	\$ 209
Self employed	\$	\$	Other Investments	\$	Auto Expenses	\$ 85
Overtime	\$	\$			Auto Insurance	\$ 75
Child Support Income/Alimony Income*	\$	\$			Medical Expenses	\$
Social Security/SSDI	\$	\$			Medical Insurance	\$
Other monthly income from pensions, annuities or retirement plans	\$	\$			HOA/Condo Fees	\$
Tips, commissions, and/or bonus income	\$	\$			Credit Card(s) / Installment Loans	\$
Rental income from investment property	\$	\$			Food/Household Supplies	\$ 600
Rental income from room rent of primary residence	\$	\$			Spending Money	\$ 100
Unemployment Income	\$ 2834.00	\$			Utilities/Water/Sewer/Phone(s)/Cable	\$ 160 - 230
Food Stamps/Welfare	\$	\$			Donations	\$
Other (investment, income, royalties, interest, dividends, etc.)	\$ Residual Contribution - \$500 monthly	\$			Property Taxes (if not escrowed and included in your current mortgage payment)	\$
					Insurance - Hazard, wind, flood etc (if not escrowed and included in your current mortgage payment)	\$
					Other	\$
Total Income (Gross)	\$ 3334.00	\$	Total Assets	\$ 1400	Total Debt/Expenses	\$ 3280 - 3360

+493
NTAA
ESCROW
J-R

Gas
+ Electric

*** ALL INCOME MUST BE DOCUMENTED ***

Include combined expenses from the borrower and co-borrower (if any).
 If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.
 *You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.
 If additional space is needed, please include an additional page.

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input type="checkbox"/> Borrower Death	<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment
<input type="checkbox"/> Illness of Borrower	<input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input checked="" type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
<input type="checkbox"/> Other			

Explanation (Required):
 Lost my job / However unemployment still job search income

If additional space is needed for Explanation, please include an additional page.

ACKNOWLEDGEMENT AND AGREEMENT

Account Number

Account Number

In making this request for consideration to review my loan terms I/we certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 I/we agree that to be considered for the Making Home Affordable program all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date. If the property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.
- 14 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 15 ☐ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

Borrower Signature

Date

Co-Borrower Signature

Date



Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE™
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



01/03/11 12:40:36

REMOTE ID-->

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Page 006

JAN-3-2011 12:16 FROM: SOUTH WINDSOR PUBLIC 8606447645

TO: 8602411795

P.5

**Making Home Affordable Program
 Request For Modification and Affidavit (RMA)**

8843 MAKING HOME AFFORDABLE.GOV

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

Loan ID Number 8843

Servicer GMAC

BORROWER		CO-BORROWER	
Borrower's name	Todd Silber	Co-borrower's name	
Social Security number	2236	Social Security number	
Date of birth	8/13/76	Date of birth	
Home phone number with area code	860-922-4156	Home phone number with area code	
Cell or work number with area code	SAME	Cell or work number with area code	

I want to: ☒ Keep the Property ☐ Sell the Property

The property is my: ☒ Primary Residence ☐ Second Home ☐ Investment

The property is: ☒ Owner Occupied ☐ Renter Occupied ☐ Vacant

Mailing address 73 Fernham Rd. South Windsor CT 06074 Silber-Spodas@yahoo.com

Property address (if same as mailing address, just write same) E-mail address

Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please complete the following:
Date of offer _____ Amount of offer \$ _____	Counselor's Name: Too many to list
Agent's Name: _____	Agency Name: over the last year or 2
Agent's Phone Number: _____	Counselor's Phone Number: I represent myself now
For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Counselor's E-mail: _____
Who pays the real estate tax bill on your property?	Who pays the hazard insurance premium for your property?
<input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA	<input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA
Are the taxes current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the policy current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Condominium or HOA Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____	Name of Insurance Co.: State Farm
Paid to: _____	Insurance Co. Tel #: _____

Have you filed for bankruptcy? ☐ Yes ☒ No If yes: ☐ Chapter 7 ☐ Chapter 13 Filing Date: _____

Has your bankruptcy been discharged? ☐ Yes ☒ No Bankruptcy case number _____

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
 I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input checked="" type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input checked="" type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input checked="" type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

☐ Other: _____

Explanation (continue on back of page 3 if necessary): _____

01/03/11 12:41:13

REMOTE ID-->

Imprint ID

Page 007

JAN-3-2011 12:17 FROM: SOUTH WINDSOR PUBLIC 8606447645

TO: 8602411795

P.6

8843

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 2

COMPLETE ALL THREE PAGES OF THIS FORM

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household:

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household:

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$ 2000	First Mortgage Payment	\$ 1496.88 1493	Checking Account(s)	\$ 1900
Overtime	\$ /	Second Mortgage Payment	\$ /	Checking Account(s)	\$ /
Child Support / Alimony / Separation ²	\$ /	Insurance	Escrow \$ 493	Savings/ Money Market	\$ /
Social Security/SSDI	\$ /	Property Taxes	\$ /	CDs	\$ /
Other monthly income from pensions, annuities or retirement plans	\$ /	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ /	Stocks / Bonds	\$ /
Tips, commissions, bonus and self-employed income	\$ /	Alimony, child support payments	\$ /	Other Cash on Hand	\$ 1000.00
Rents Received	\$ /	Net Rental Expenses	\$ /	Other Real Estate (estimated value)	\$ /
Unemployment Income	\$ 2834	HOA/Condo Fees/Property Maintenance	\$ /	Other	\$ /
Food Stamps/Welfare	\$ /	Car Payments	\$ 200	Other	\$ /
Other (investment income, royalties, interest, dividends etc.)	\$ 500 Resident Contributor	Other CAR Insurance, Fuel + Electric + GAS - Food for kids	\$ 1090	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$ 3334.00	Total Debt/Expenses	\$ 3288.00	Total Assets	\$ 2400

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

Borrower		CO-Borrower	
<input checked="" type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
To be completed by interviewer		Name/Address of Interviewer's Employer	
This request was taken by:		Interviewer's Name (print or type) & ID Number	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Interviewer's Signature Date	
		Interviewer's Phone Number (include area code)	

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 3

COMPLETE ALL THREE PAGES OF THIS FORM

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable, and (e) any HUD-certified housing counselor.

Borrower Signature

Date

Co-Borrower Signature

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Financial Hardship Letter..... Number 3... 12/24/2010
Financial Hardship Letter..... Number 3... 12/24/2010

8093

To Whom it may concern,

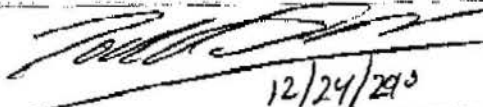
In July of 2009 I lost my job. I stayed on top of my mortgage until Nov. of 2009. Since then I have written GMAC countless please, hardship letters. And 3 modification application, I have begged and pleaded for over a year. No modification has been granted (worst part is if a modification was granted a year ago I could have been paying modified payments all this time).

Never the less I will not beg and plead with another letter. I will happily include the first 2 financial letters I sent you at the beginning of the year. But if my words and pleas in those went un-noticed nothing else I can say to 'YOU' will help motivate you to grant me some kind of help.

Everyone needs help sometimes.... Even GMAC has received 3 bail outs granting over 9 billion. GMAC was expected to give back in return to people like myself, but its no secret the program is way short of the 80% approval rate expected.

I am still having difficulties; however Federal Legislation Has passed yet another extension for unemployment... It is substantial income at this time that provides for me and my 2 daughters as well could be paying modified payment. (its how I paid my forbearance payments for 6 months without any problems... well on my end anyway...)

Understand me not simply giving in, or caving under the threat of foreclosure, to rather stand up and defend myself by writing constant letters to various Congressman, Senators, HUD councilors, and FHA has taken much time and effort. Spending countless hours, and endless energy and effort Studying FHA/ HAMP/ Federal protocol revolving around Bailouts, Foreclosure, and everything else has only made me more determined to fight GMAC the end. And though it has taken a toll on me mentally, and physically, and emotionally, The grievances, mental stress and pain and suffering is nothing compared to the pain and hardship I will face if I lose this house.


12/24/2010

GMAC LOSS MITIGATION. 1-23-2010

To Whom it may concern.

This letter is included in my 2nd attempt at a modification to my loan. I need YOUR HELP. I need a small modification on my home so I may keep my house. Please Help me.

In this letter I hope you see that I am doing everything I can to reduce my overhead and cost of living. I hope you will find compassion As I inform you of personal and family life, I hope this serves enough evidence that I can and will keep my house. I will do anything and everything in my power to hold onto this. In the end I hope this letter will show enough supporting evidence that with GMAC's help and aid we can afford to keep this house.

WHAT AM I DOING: Last time I applied (12-11-2009) I had an overhead of over \$4000 dollars. I have shaved nearly \$1000 off of this. I got rid of one of the family's cars reducing gas, insurance and maintenance cost. Now a family of 4 sharing one car is tough, but it's a sacrifice we found necessary. Also we recently have filed for energy assistance. In the spring/summer months our utilities are only around \$180 combined (gas and electric). Though through winter it shoots up, with energy assistance we can get the aid we need through the winter months, this reducing our overhead. Also we have signed up with Direct energy to provide cheaper electricity, guaranteed to reduce our electric bill by 15-20%. On Feb 1st we will be applying for Ct, food stamps. As of Feb 1st the household will be under the income level and should be able to receive assistance.

As for the credit card dept, I have talked to a few friends and counselors at agencies. It seems I should stop paying them, go a few months behind and then work with a counselor to get a big reduced payment. I am being told I can cut my credit card payments 75-80%, in the mean time I have cancelled credit cards. I AM NOT PROUD OF THESE THINGS. I am not proud I have to stop paying my credit card companies for a few months. I am ashamed I have to ask for energy assistance and food stamps. But I have come to realization that it's not a hand out, its help for a family that need's it right now. And though I am ashamed, to save my house I will do whatever it takes. Please understand that with a modification to my loan I can and will make it work.

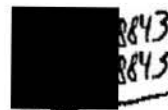
WHAT COULD I AFFORD: Like the banking industry the car industry has taken a tough hit? I am trying to find a better job to provide a more secure future for my family outside the auto industry. And by better I do not mean more money, I mean a job that does not have a high risk of lay off. Now yes currently I am still seeking employment in the Auto Business, main reason I cannot find a job that will pay the same money with my current education level only being a GED. And though the auto business paid great, people who are staying in it are taking pay cuts. Places I have interviewed for are not paying nearly as

JAN-3-2011 12:18 FROM: SOUTH WINDSOR PUBLIC 8606447645

TO: 8602411795

P.10

Identifier: 843 Doc Type: WOUT



much as they used to. Don't get me wrong I am not refusing these positions; it's just that I am not being chosen for them. But if I do land a job back at a Dealership, I still will need a modification on my loan as the pay in the auto business has dropped and steadily dropping since 2006. With all the dealerships that have closed it's much harder to compete for a job.

Now it is not GMAC's problem or responsibility to help me find a job. But my point is this... There are other jobs to reduce the chances of this happening again. Currently MASS. Unemployment has school/educational programs that would allow me to continue to get my financial insurance benefits and at the same time go to school, to further my education, get a degree or a certification in another field. Now most of these other fields will not pay the same compensation as the auto business. But these other fields such as Nursing or Culinary have a more hi demand and with certification, finding and maintaining employment would be a lot easier then the auto business. But this is not an option unless I could reduce my overhead, if GMAC could reduce my mortgage payment. Getting this help right now would provide more for my family and future securities.

GMAC also needed help at one point did they not? Recently didn't GMAC get 3.8 billion from the U.S. Government? 3.8 billion.... You're really going to tell me GMAC can't give me a small loan in good faith after getting 3.8 billion. There isn't a program for me to reduce my payments by \$300-500 monthly? Nothing under the HAMP law I can qualify for? Or lower my interest rate? I pay my taxes. So if that aid GMAC got came from tax payer's money, I actually gave you help and now need some in return...

I do not even care if you make my loan a 35 year loan, 40 year loan. Take the reduction monthly amount and add it to the end of my term. Whatever you can do to help me reduce my mortgage payments to KEEP MY HOUSE will help me. I am begging you. I need your help, please. I promise you, I GIVE YOU MY WORD! I will make it work, weather back to the auto business, or going into a new field. I beg you to give me a chance and give me a modification of some kind I will make it work.

AND ULTIMATELY YOU HAVE NOTHING TO LOSE. If you were to foreclose on my house tomorrow, you now own a house that is severely under water. If you took the time to research what the houses in this neighborhood are worth or what they are selling for after they sit. You will find you will lose 10's of thousands.... However if you allow me to keep my house and give me some kind of modification, payments can start rolling in again on a regular basis. (FYI on January 19th I offered to make a partial payment of my past due amount, I told your employee I could afford a \$1400 payment at this time. She told me if I could not pay the full \$1990 then it would not show for anything and would not stop the foreclosure review, point is I tried to give you something, that 'something' is now in a small dated envelope with "attempted to pay \$1400 on this day" ...)

Anyway with a modification I can start making regular payments again. BUT! let's say for whatever reason, 10 months from now I go backwards again and can't pay the modified payments. WHAT HAVE YOU REALLY LOSS????? Nothing... the housing market can't get any worse or that much worse in 10 months per say, so chances are it would get better. Plus you got 10 more months of payments. But ultimately you lose nothing by giving me a modification and giving me a chance in good faith to pay it... I JUST NEED A CHANCE, Please I promise you I could make it work with a \$400-500 adjustment... please.

JAN-3-2011 12:19 FROM: SOUTH WINDSOR PUBLIC 8606447645

TO: 8602411795

P. 11

Identifier: 843 Doc Type: WOUT

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You got 3.8 billion from the Government. You got aid when needed, I am asking for a small miniscule fraction of that help.

WHY SELLING MY HOUSE IS NOT AN OPTION: I no longer have the good credit to move forward in buying a cheaper house. If GMAC said "Todd we will guarantee you a loan for X amount so you could buy a more affordable home". I would sell this house and buy a cheaper one. (Well it would have to meet a few criteria mainly staying in this school system). But GMAC isn't about to offer this are they?

Please do not think I own some big house do the amount I pay in taxes or what I owe. Do not misunderstand the situation. My taxes may be high and South Windsor Ct. may be looked upon as a "rich" town. But we have a very small house in the outskirts of this town. We can't even get a speed limit sign or watch for children sign on our road. If you go to 99% of the other neighborhoods in this town the house's are larger, they have sidewalks, street signs, street lights. We have broken curbs, sand for our lawn, and pot holes every 30 feet. We bought a small house in this town appose to a larger house in a neighboring town for one reason.... education. Our children's education is very important to me and my fiancée. We cannot and will not jeopardize that in anyway. We have come too far and overcome too many hardships to go backwards now. I am the sole provider for my biological daughter as well as my fiancée's daughter (who is 15), Because her biological father is in jail and has not supported his daughter in any way shape or form in over 14 years. He owes over 30k in past due child support.

When I met my fiancée 10 years ago she and her daughter (5 years old at the time) were living in real tough conditions. And yes I was in a tough place as well. I took them in, and together we made a family. In a short time we had another daughter together and the 4 of us lived in a 1 bedroom apt. in a real rundown neighborhood. We had a stove that didn't work, a shower that the entire tile had rotted and you could see the pipes in the wall. At the time the 5 year old was going to a school with teachers who did not care, and with other children who picked on her mentally and sometimes physically causing us to have to get the police involved on more than one occasion. For 6 years we struggled, we fought, kicked, and climbed our way out of the hole and finally into the house we currently live in and have been in. We have come from the lowest of the lowest and going back to that is not an option. We were so desperate to find a house that when I first purchased this house, my first loan agreement had a 30k balloon payment at the end of a 15 year note. But at that time I took whatever I could, I had to... But I was lucky enough to start striving in the auto business and was able to fix my credit and move forward and get a refinance. At the same time, my children attended and are still currently attending good schools with teachers who care and other students who are kind and caring. So going backwards even a small step is not an option when it comes to my children's education. And so I humbly once again ask you to consider this, a small modification in our loan helps greater than you think. Please do not try to take our home away.

WHATEVER IT TAKES: I have filled this letter with personal information on why keeping this house is so important to us, information on how I have reduced a lot of overhead. And also information on how I KNOW I COULD MAKE IT WORK, if we just got a little help. And as much as I like to think GMAC does not want to take my house away and will do everything they can to work with me. I fear this is not true so I will close with this... This is not in any way a threat of any kind, I am humbly asking GMAC to help us with

CGM
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843

a modification. But if you ultimately decide you WILL not help me, if you plug numbers into a small computer and that's how you review this case.... I will seek out any help I can and fight you to the very end. I am already signing up with Connecticut housing, and will be working with someone on foreclosure prevention. I am currently awaiting some more information about the HAMP programs/laws.

I will not lose this house easily and I WILL NOT consider selling it. I have plenty of fight in me. I will speak and tell my story to whoever will listen. Congressman, media, lawyers, foreclosure Judges, I am prepared to talk to anyone who will listen or anyone GMAC puts me in front of. With this letter in hand, and other documentation here as well as logs and a journal of all conversations I have had with GMAC employees, I am prepared to plead my case to anyone I have to or anyone who will listen.

IT COMES DOWN TO THIS!

With the HAMP programs and laws out there, with modification programs available backed by the US government, with the 3.8 billion dollars GMAC received recently. I find it very hard to believe that there is not some sort of program out there that I qualify for. I find it impossible GMAC cannot offer me any aid. You really have nothing to lose.....

And in the end if GMAC decides NOT to help me, I am positive that someone I speak too or someone who reviews this document, after I exercise all resources and mail all the letters I can mail. I am positive someone out there WILL step in and help me keep my home if my mortgage company fails to do so. I have not lost faith in this wonderful country or the laws or the judicial system. I still believe ultimately people will do what is right. Someone will step in and not allow you to take my home, after I have offered multiple suggestions, evidence and options on how I could keep my home. And how I have worked so hard to achieve it in the first place.

Sincerely,

Todd Silber



860-922-4156

Department of the Treasury -- Internal Revenue Service
Form 1040 U.S. Individual Income Tax Return 2008 (98) IRS Use Only -- Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending .20 CMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending .20 CMB No. 1545-0074

TODD SILBER
73 FARNHAM ROAD
South Windsor CT 06074

Your social security number **2236**
 Spouse's social security no.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing Status
 1 ☐ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately (Each spouse must enter his or her own number and full name here.)
 4 ☒ Head of household (with qualifying person). (See inst.) If qualifying person is a child but not your dependent, enter child's name here.
 5 ☐ Qualifying widow(er) with dependent child (see inst.)

Exemptions Check only one box.
 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.
 b ☐ Spouse
 c ☐ Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> If qualifying child for child tax credit (see inst.)	Boxes checked on 6a and 6b
MADISON	SILBER	6967	Daughter	<input checked="" type="checkbox"/>	1
ALISON	GILBERT	4485	Daughter	<input checked="" type="checkbox"/>	2
MALINDA	JOHNSTON	8009	Other		1

d Total number of exemptions claimed **4**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **86,610**
 8a Taxable interest. Attach Schedule B if required **41**
 b Tax-exempt interest. Do not include on line 8a.
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends (see instructions).
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. **-2,279**
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions **15a** b Taxable amount
 16a Pensions and annuities **16a** b Taxable amount
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation **2,510**
 20a Social security benefits **20a** b Taxable amount (see inst.)
 21 Other income
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income **86,862**

Adjusted Gross Income
 23 Educator expenses (see instructions)
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ
 25 Health savings account deduction. Attach Form 5305
 26 Moving expenses. Attach Form 5303
 27 One-half of self-employment tax. Attach Schedule SE
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction (see instructions)
 30 Penalty on early withdrawal of savings
 31a Alimony paid b Recipient's SSN
 32 IRA deduction (see instructions)
 33 Student loan interest deduction (see instructions)
 34 Tuition and fees deduction. Attach Form 8879
 35 Domestic production activities ded. Attach Form 8803
 36 Add lines 23 through 31a and 32 through 35 **0**
 37 Subtract line 36 from line 22. This is your adjusted gross income **86,862**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2008)

Form 1040 (2008) **SILBER** 2236 Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 86,882

39a Check ☐ You were born before January 2, 1944, ☐ Blind. Total boxes
if: ☐ Spouse was born before January 2, 1944, ☐ Blind. checked ☐ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, see inst. and check here ☐ 39b

c Check if standard deduction includes real estate taxes or disaster loss (see inst.) ☐ 39c

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 28,382

41 Subtract line 40 from line 38 41 58,500

42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 8d. 42 14,000

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 44,500

44 Tax (see inst.). Check if any tax is from: ☐ Form(s) 9814 ☐ Form 4972 44 6,194

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 6,194

TAXPAYER'S COPY

47 Foreign tax credit. Attach Form 1116 if required. 47

48 Credit for child & dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see instructions). Attach Form 8801 if required 52 1,400

53 Credits from Form: ☐ 8306 ☐ 8329 ☐ 5085 53

54 Other credits from Form: ☐ 3800 ☐ 8801 ☐ 54

55 Add lines 47 through 54. These are your total credits 55 1,400

56 Subtract line 55 from line 46. If line 56 is more than line 46, enter -0- 56 4,794

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: ☐ 4137 ☐ 8819 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 Additional taxes: ☐ AEIC payments ☐ Household employment taxes. Attach Schedule H 60

61 Add lines 56 through 60. This is your total tax 61 4,794

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 10,153

63 2008 estimated tax payments & amt. applied from 2007 return 63

64a Earned income credit (EIC) 64a

b Nonrefundable combat pay election ☐ 64b

65 Excess social security and tier 1 RRTA tax withheld (see inst.) 65

66 Additional child tax credit. Attach Form 8812 66

67 Amount paid with request for extension to file (see instructions) 67

68 Credits from Form: ☐ 2439 ☐ 4136 ☐ 8801 ☐ 8805 68

69 First-time homebuyer credit. Attach Form 5405 69

70 Recovery rebate credit (see instructions) 70

71 Add lines 62 through 70. These are your total payments 71 10,153

Refund

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 5,359

73a Amount of line 72 you want refunded to you. If Form 8879 is attached, check here, ☐ 73a 5,359

b Routing no. 1 2 2 2 3 1 3 0 4 ☐ e Type: ☒ Checking ☐ Savings

d Account no. 9 8 1 9 1 0 4 4 7 8 2 2 3 6

74 Amt. of line 72 you want applied to your 2009 tax liability 74

Amount You Owe

75 Amount you owe. Subtract lines 73a through 74. For details on how to pay, see instructions 75

76 Estimated tax penalty (see instructions) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name **PREPARER** Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date 12/1/2008 Your occupation **MARKETING MANAGER** Daytime phone number

Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, & ZIP code **TAXES 1ST LLC**
756 PARK AVE
Bloomfield, CT 06002 EIN **7955**
Phone no. **(860) 836-0036**

01/03/11 12:46:57

REMOTE ID

Pg 17 of 28

Imprint ID

Page 016

P.15

JAN-3-2011 12:20 FROM: SOUTH WINDSOR PUBLIC 8606447645

TO: 8602411795

Form 1040 (2009) **SILBER** 2236 **8873** Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 51,440

39a Check ☐ You were born before January 2, 1945, ☐ Blind. Total boxes
if: ☐ Spouse was born before January 2, 1945, ☐ Blind. checked ☐ 39a

Standard Deduction

40a b If your spouse itemizes on a separate return or you were a dual-status alien, see inst. and check here ☐ 39b

40a b If your spouse itemizes on a separate return or you were a dual-status alien, see inst. and check here ☐ 40a 18,121

40a b Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 18,121

41 Subtract line 40a from line 38 41 33,319

42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see the instructions 42 14,600

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 18,719

44 Tax (see inst.). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44 2,211

45 Alternative minimum tax (see instructions). Attach Form 8869 45

46 Add lines 44 and 45 46 2,211

TAXPAYER'S COPY

47 Foreign tax credit. Attach Form 1118 if required 47

48 Credit for child & dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 28 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51 2,000

52 Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 52

53 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ 53 53

54 Add lines 47 through 53. These are your total credits 54 2,000

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 211

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8819 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H 59

60 Add lines 55 through 59. This is your total tax 60 211

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 3,442

62 2009 estimated tax payments & amt. applied from 2009 return 62

63 Making work pay and government retiree credits. Attach Schedule M 63 400

64a Earned income credit (EIC) 64a

64b Nonrefundable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 Refundable education credit from Form 8863, line 16 66

67 First-time homebuyer credit. Attach Form 5405 67

68 Amount paid with request for extension to file (see instructions) 68

69 Excess social security and tier 1 RRTA tax withheld (see inst.) 69

70 Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8865 70

71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments 71 3,842

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72 3,631

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here. ☐ 73a 3,631

Refund

73b Routing no. 211170101 c Type: ☒ Checking ☐ Savings

73c Account no. 100019654443

74 Amt. of line 72 you want applied to your 2010 estimated tax 74

Amount You Owe

75 Amount you owe. Subtract line 73 from line 71. For details on how to pay, see instructions 75

76 Estimated tax penalty (see instructions) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name: **CLYDE TRIUMPH** Phone no: **860-242-4330** Personal identification number (PIN): **33179**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: *[Signature]* Date: **12/24/10** Your occupation: **MARKETING MANAGER** Daytime phone number:

Spouse's signature (if a joint return, both must sign): Date: Spouse's occupation:

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: Check if self-employed ☐ Preparer's SSN or PTIN: **3179**

Firm's name (or yours if self-employed): **Taxes 1st LLC** EIN: **7955**

Address & ZIP code: **756 Park Ave Bloomfield, CT 06002-2457** Phone no: **860-836-0036**

JVA 09 10402 TWF 32878 Copyright Forms (Software Only) - 2009 TWF Form 1040 (2009)

34 Union and fees deduction. Attach Form 8917 34

35 Domestic production activities ded. Attach Form 8803 35

36 Add lines 23 through 31a and 32 through 35 36 0

37 Subtract line 36 from line 22. This is your adjusted gross income 37 51,440

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

JVA 09 10401 TWF 32878 Copyright Forms (Software Only) - 2009 TWF Form 1040 (2009)

JAN-3-2011 12:21 FROM: SOUTH WINDSOR PUBLIC 8606447645 TO: 8602411795 P. 16

Form **4506T-EZ**
(October 2009)
FOUR
(October 2009)
Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript
SHORT FORM REQUEST FOR INDIVIDUAL TAX RETURN TRANSCRIPT

OMB No. 1545-2154
OMB No. 1545-2154

Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

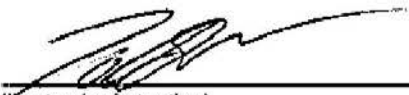
1a Name shown on tax return. If a joint return, enter the name shown first. Todd Silber		1b First social security number shown on tax return 8043-2236
2a If a joint return, enter spouse's name shown on tax return.		2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code 73 Farnham Rd. South Windsor CT 06079		
4 Previous address shown on the last return filed if different from line 3		
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.		
Third party name GMAC Mortgage		Telephone number 888-850-4622
Address (including apt., room, or suite no.), city, state, and ZIP code Attn: Loss Mitigation, 233 Gibraltar Rd, Suite 600, Horsham, PA 19044		
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. 2008 2009		

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here		12/24/2010	Telephone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date	
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form 4506T-EZ (10-2009)

Form **1040** Department of the Treasury - Internal Revenue Service **2009** (99) IRS Use Only - Do not write or staple in this space

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning 2008, ending 20 OMB No. 1545-0074

Label Use the IRS label. Otherwise, please print or type

TODD SILBER
73 FARNHAM ROAD
South Windsor CT 06074

City number **2236**
Spouse's social security no. **2236**

▲ You must enter your SSN(s) above. ▲
Checking a box below will not change your tax or refund.

Presidential Election Campaign ☒ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing Status
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
4 ☒ Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here.
5 ☐ Qualifying widow(er) with dependent child (see inst.)

Exemptions
If more than four dependents, see inst. & check here ☐ **a** ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse
c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see inst.)
MADISON	SILBER	6967	Daughter	<input checked="" type="checkbox"/>
ALISON	GILBERT	4485	Daughter	<input checked="" type="checkbox"/>
MALINDA	JOHNSTON	8009	Other	<input type="checkbox"/>

d Total number of exemptions claimed **4**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **35,690**

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.

8a Taxable interest. Attach Schedule B if required	8a	26
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instructions)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	341
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-67
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	15b Taxable amount
16a Pensions and annuities	16a	16b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation in excess of \$2,400 per recipient	19	15,450
20a Social security benefits	20a	20b Taxable amount (see inst.)
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	51,440

Adjusted Gross Income

23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid to recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities ded. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	0
37 Subtract line 36 from line 22. This is your adjusted gross income	37	51,440

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form **1040** (2009)

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TO: 8602411795

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Overview of Latest Extension Benefits

<http://www.mass.gov/?pageID=elw&terminals=4&LU=HOME&LI=...>

The Official Website of the Executive Office of Labor and Workforce Development (EOLWD)



Home > Claimants > Unemployment Insurance (UI) > Information on Unemployment Insurance Extensions >

Overview of Latest Extension Benefits

Updated December 23, 2010.

Overview**RELATED LINKS**

Federal Stimulus Benefits

On December 17, 2010, President Obama signed legislation extending the Emergency Unemployment Compensation (EUC) - and federal-state Extended Benefits (EB) programs through January 3, 2012. The bill will extend the deadline by which claimants can apply for EUC and EB benefits but does not add any *new* weeks of benefits.

The Massachusetts economy has been steadily improving and the 3-month average "unemployment rate" has dropped significantly. Massachusetts will therefore no longer be eligible for the final EUC Tier IV. The maximum potential weeks of benefits will drop from 99 to 93 weeks. Claimants exhausting Tier III of EUC after the week ending December 18, 2010 will not be eligible for Tier IV benefits but can apply for the Extended Benefits (EB) program.

Weekly Payments: The DUA system is now ready to process weekly claims for this latest EUC extension. Claimants who have continued to certify for weekly benefits should not experience an interruption in their UI benefit payments. A small number of eligible claimants, including those who have not continued certifying for weekly benefits, may require minor adjustments to their account, and will be notified by mail and/or automated phone calls on what action to take. We advise claimants to check our website for updates and send us an email if they have a question.

The chart and frequently asked questions below provide more information about the various benefit programs, benefit tiers, application deadlines and expiration dates affected by this legislation.

Program	Number of Weeks	Program End Date or Application Deadline	Last Payable Week
Emergency Unemployment Compensation (EUC) Tier I	Up to 20 weeks	Must exhaust UI on or before 12/24/11 Last effective date for Tier I is 12/25/11	06/09/12
Emergency Unemployment Compensation (EUC) Tier II	Up to 14 weeks	Must exhaust Tier I on or before the w/e 12/31/11	06/09/12
Emergency Unemployment Compensation (EUC) Tier III	Up to 13 weeks	Must exhaust Tier II on or before the w/e 12/31/11	06/09/12
Emergency Unemployment Compensation (EUC) Tier IV (is no longer available in Massachusetts)	Up to 6 weeks	Tier IV is triggering off in MA as of the w/e 12/18/10 Tier III must have completely exhausted by 12/18/10	
Federal-State Extended Benefits (EB)	Up to 20 weeks	Last effective date to file for EB is 01/22/12 Must exhaust all rights to EUC Tiers I, II, III (and IV) - must still be triggered	01/28/12
Federal Additional Compensation (FAC) - This program has ended.	Additional \$25.06 per week	Claim must have an effective date of 05/23/10 or earlier	12/11/10

Part-Time Work

The legislation included provisions that allow individuals who accept part-time or temporary work while claiming benefits to continue receiving extended benefits under certain circumstances even when they qualify for a new Unemployment Insurance claim based on their part-time or temporary work.

This legislation applies to claimants who meet the following requirements:

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Overview of Latest Extension Benefits

<http://www.mass.gov/page.do?cid=1&terminals=4&lu=HOME&LI=...>

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- whose benefit year ends on or after July 24, 2010. This legislation is not retroactive for claimants whose benefit year ends on or after July 24, 2010.
- whose benefit year ends on or after July 24, 2010. This legislation is not retroactive for claimants whose benefit year ends before July 24, 2010.

Definitions of EUC and EB

The Federal Emergency Unemployment Compensation (EUC) program offers separate benefit tiers to claimants who have exhausted their regular unemployment insurance benefits.

Extended Benefits - A supplemental program that pays extended compensation, during a period of specified high unemployment.

Frequently Asked Questions

1. I was just approved for regular unemployment benefits. How many weeks will I be eligible to collect?

The maximum potential weeks of benefits is now 93 weeks (26 weeks of regular state benefits, 47 weeks of Emergency Unemployment Compensation (EUC) and 20 weeks of Extended Benefits) as Massachusetts is no longer allowed to offer the final 6-week Tier IV of the federal Emergency Unemployment Compensation benefit program. Please note that not all claimants are eligible to collect the maximum potential weeks of benefits.

2. What happens after I exhaust Tier III benefits after the week ending December 18, 2010?

Under EUC law, Massachusetts has "triggered off" Tier IV benefits the week ending December 18, 2010 due to the improving local economy and the corresponding drop in our "unemployment rate" (see #3 below for explanation). As a result, you will not be able to move beyond Tier III as Tier IV is no longer available in Massachusetts. However, you may be eligible to apply for up to 20 weeks of benefits available from the Extended Benefit program. Please be aware that the Commonwealth of Massachusetts and partner organizations offer a wide variety of services - from basic needs, health care, counseling, employment and training assistance and more - to assist individuals who have exhausted or will soon exhaust their unemployment insurance claim. Learn more about [Assistance Programs](#).

3. Why did EUC Tier IV expire in Massachusetts?

States with a 3-month seasonally adjusted total unemployment rate of at least 8.5% are eligible for up to 6 additional weeks of Tier IV benefits. The Massachusetts seasonally adjusted total unemployment rate for August, September, and October 2010 were 8.8%, 8.4%, and 8.1% respectively. The three-month seasonally adjusted total unemployment rate for those three months in Massachusetts was 8.4%. Hence, the condition for Tier IV benefits is no longer met effective the week ending December 18, 2010.

4. I am currently receiving Tier IV benefits. Now that Tier 4 has expired in Massachusetts, will I be able to continue receiving these benefits?

If you're receiving EUC Tier IV benefits as of the week ending December 18, 2010, you will be able to collect the balance in your Tier IV account. You may then apply for federal-state Extended Benefits (EB).

5. I have exhausted EUC Tier IV and federal-state Extended Benefits (EB) - what other benefits or options are available to me?

Unfortunately, there are no additional benefits available to claimants who have exhausted all EUC tiers and EB benefits. Please be aware that the Commonwealth of Massachusetts and partner organizations offer a wide variety of services - from basic needs, health care, counseling, employment and training assistance and more - to assist individuals who have exhausted or will soon exhaust their unemployment insurance claim. Learn more about [Assistance Programs](#).

6. How can I tell which EUC tier I'm on and whether I'm eligible for an additional tier?

Please call our TeleClaims Center at 617-626-6800 or 1-877-626-6800 (from area codes 351, 413, 508, 774, and 978) to find out which tier of benefits you're currently on. If you have a remaining balance in your account, you should continue to claim weekly benefits. We will notify you when you are eligible for the next tier of benefits and when you exhaust your benefits.

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Transaction History

Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

Account Title/Address:

TODD SILBER
73 FARNHAM RD

SOUTH WINDSOR, CT 06074

Customer Name:

TODD SILBER

Acct #: 8043

Acct Type: WEBSTER VALUE CHECKING

Balance: \$1,780.56

Total Available Balance: \$1,780.56

Last Statement Date: 12/20/2010

History search parameters

Transaction

Type: DDA Transactions

Amount

From:

To:

Date

From: 10/21/2010

To: 12/20/2010

Pending Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate
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Posted Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/20/2010	CK CRD SIGNATURE PURCH	THE BATTLE STANDAR 00000143344	0000000000	12.72	\$1,265.14
12/20/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	19.14	\$1,277.06
12/20/2010	CK CRD SIGNATURE PURCH	TGT*TARGET.COM	0000000000	92.73	\$1,297.00
12/17/2010	CK CRD PIN PURCHASE	TARGET T1249 MANCHESTETAR 4900	0000000000	33.16	\$1,389.73
12/17/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN33	0000000000	42.39	\$1,422.89
12/16/2010	CK CRD PIN PURCHASE	USPS0823460128/1865 MAUSP 0168	0000000000	18.44	\$1,465.28
12/16/2010	CK CRD SIGNATURE PURCH	BJ'S FUEL #9184 78446243344357	0000000000	50.05	\$1,483.72
12/16/2010	CK CRD PIN PURCHASE	TOYS R USTOYS R US 97595943344	0000000000	50.73	\$1,533.77
12/16/2010	ONLINE TRNSF-IMMEDIATE	TFR TO CK 0018870396	0000000000	41.00	\$1,584.50
12/14/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 13	0000000000	579.00	\$1,625.50
12/13/2010	CK CRD PIN PURCHASE	GEISSLER'S SUPER MARKEGEI 5346	0000000000	19.92	\$946.50
12/13/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	99.47	\$966.42
12/10/2010	CK CRD SIGNATURE PURCH	QUICK STOP CONVENI	0000000000	47.91	\$1,065.89
12/10/2010	CK CRD PIN PURCHASE	USPS0823460128/1865 MAUSP 0168	0000000000	55.64	\$1,113.80
12/09/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	9.57	\$1,169.44
12/09/2010	CK CRD SIGNATURE PURCH	LEGO SHOP AT HOME	0000000000	891.95	\$1,179.01
12/07/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 13	0000000000	679.00	\$2,070.96
12/06/2010	CK CRD SIGNATURE PURCH	GODADDY.COM 283000433443576561	0000000000	38.98	\$1,391.96
12/06/2010	CK CRD SIGNATURE PURCH	THE BATTLE STANDAR 00000143344	0000000000	63.04	\$1,430.94
12/06/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	72.42	\$1,493.98
12/06/2010	CK CRD PIN PURCHASE	GAMESTOP #612 1500 PLEGAM IN33	0000000000	85.98	\$1,566.40

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TO:8602411795

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**WebsterBank**

8843

Transaction History Continuation
Transaction History Continuation**Disclaimer**

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

TODD SILBER

ACCT # 8843

WEBSTER VALUE CHECKING

Results

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/06/2010	CK CRD SIGNATURE PURCH	STARWARS/LUCASARTS	0000000000	133.67	\$1,652.38
12/03/2010	POD INCLEARING CHECKS	PAID CHECK	0000001030	160.00	\$1,786.05
12/02/2010	ACH WITHDRAWAL	YANKEE GAS CHECKPAYMT 10	0000001029	75.02	\$1,946.05
12/02/2010	ACH WITHDRAWAL	CL&P CHECKPAYMT 10	0000001028	165.51	\$2,021.07
12/02/2010	POD INCLEARING CHECKS	PAID CHECK	0000001027	209.27	\$2,186.50
12/02/2010	CK CRD PIN PURCHASE	EXXONMOBIL POSEXXONMOBIL Q739	0000000000	56.72	\$2,395.85
11/30/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 13	0000000000	679.00	\$2,452.57
11/30/2010	DEPOSIT	DEPOSIT	0000000000	900.00	\$1,773.57
11/29/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN30	0000000000	251.29	\$873.57
11/26/2010	CK CRD PIN PURCHASE	TARGET T1249 MANCHESTETAR 4900	0000000000	85.91	\$1,124.86
11/26/2010	CK CRD SIGNATURE PURCH	EBAY INC.	0000000000	97.07	\$1,210.77
11/26/2010	CK CRD PIN PURCH RET	TARGET T1249 MANCHESTETAR 4901	0000000000	84.78	\$1,307.84
11/24/2010	CK CRD SIGNATURE PURCH	SHEETZ 005	0000000000	32.92	\$1,223.06
11/24/2010	CK CRD PIN PURCHASE	SHELL Service StationsSHEL 4714	0000000000	39.29	\$1,255.98
11/24/2010	CK CRD PIN PURCHASE	BIG Y 60 EAST WINDBIG Y 6 6014	0000000000	59.89	\$1,295.27
11/24/2010	CK CRD PIN PURCHASE	TARGET T1249 MANCHESTETAR 4900	0000000000	153.66	\$1,355.16
11/24/2010	CK CRD PIN PURCHASE	TARGET T1249 MANCHESTETAR 4900	0000000000	207.91	\$1,508.82
11/23/2010	CK CRD PIN PURCHASE	COCKERHAM FDMT 6COCKERHAM 8574	0000000000	31.08	\$1,716.73
11/23/2010	CK CRD SIGNATURE PURCH	HOMWOOD SUITES SA 01000143344	0000000000	99.24	\$1,747.81
11/23/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 13	0000000000	679.00	\$1,847.05
11/22/2010	CK CRD PIN PURCHASE	EXXONMOBIL POSEXXONMOBIL MST4	0000000000	41.87	\$1,168.05
11/22/2010	CK CRD PIN PURCHASE	CHEVRON/KANGAROO EXPRECHE IN30	0000000000	42.66	\$1,209.92
11/22/2010	CK CRD PIN PURCHASE	SHELL Service StationsSHEL 5137	0000000000	53.91	\$1,252.58
11/22/2010	CK CRD SIGNATURE PURCH	MARATHON OIL 00582 09	0000000000	57.88	\$1,306.49
11/22/2010	CK CRD SIGNATURE PURCH	HOMWOOD SUITES SA 01000143344	0000000000	99.35	\$1,364.37
11/19/2010	IOD INTEREST PAID	IOD INTEREST PAID	0000000000	0.07	\$1,463.72
11/19/2010	ACH WITHDRAWAL	PROG DIRECT INS INS PREM 66	0000000000	71.00	\$1,463.65
11/16/2010	CK CRD SIGNATURE PURCH	HOMWOOD SUITES SA 01000143344	0000000000	99.24	\$1,534.65
11/16/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 12	0000000000	679.00	\$1,633.89
11/15/2010	CK CRD SIGNATURE PURCH	EXXONMOBIL OQY	0000000000	35.82	\$954.89
11/15/2010	CK CRD SIGNATURE PURCH	DODGES STORE NUMBE 24032043344	0000000000	55.47	\$990.71
11/15/2010	CK CRD SIGNATURE PURCH	HOMWOOD SUITES SA 01000143344	0000000000	99.24	\$1,046.18

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Transaction History Continuation
Transaction History Continuation

Disclaimer

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TODD SILBER	ACCT # 8843 443
	WEBSTER VALUE CHECKING

Results

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
11/12/2010	CK CRD PIN PURCHASE	WESTINGHOUSE BLVD BPWESTI 3531	0000000000	21.47	\$1,145.42
11/12/2010	CK CRD SIGNATURE PURCH	EXXONMOBIL TC3	0000000000	29.15	\$1,166.89
11/10/2010	CK CRD SIGNATURE PURCH	DUNKIN #308834	0000000000	11.59	\$1,196.04
11/10/2010	CK CRD PIN PURCHASE	EXXONMOBIL POSEXXONMOBIL YAT7	0000000000	42.38	\$1,207.63
11/10/2010	CK CRD PIN PURCHASE	HESS 38415HESS 38415 162701433	0000000000	43.07	\$1,250.01
11/10/2010	CK CRD SIGNATURE PURCH	FAS 316 MART 1	0000000000	49.79	\$1,293.08
11/09/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 12	0000000000	579.00	\$1,342.87
11/08/2010	CK CRD PIN PURCHASE	EXXONMOBIL POSEXXONMOBIL L4L1	0000000000	14.98	\$663.87
11/08/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	21.65	\$678.85
11/08/2010	CK CRD PIN PURCHASE	AMERICAN EAGLEAMERICAN EA 6300	0000000000	37.12	\$700.50
11/08/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN30	0000000000	232.31	\$737.62
11/05/2010	CK CRD SIGNATURE PURCH	GODADDY.COM 283000433443576561	0000000000	38.98	\$569.93
11/05/2010	CK CRD SIGNATURE PURCH	TANDY LEATHER 105	0000000000	89.02	\$1,008.91
11/05/2010	CK CRD SIGNATURE PURCH	MIDFORD MOTORS 000001433443576	0000000000	380.75	\$1,097.93
11/04/2010	CK CRD SIGNATURE PURCH	MAXUM FUEL 0000014334435765615	0000000000	23.08	\$1,378.68
11/02/2010	ACH WITHDRAWAL	YANKEE GAS CHECKPAYMT 10	0000001025	36.14	\$1,401.76
11/02/2010	ACH WITHDRAWAL	CL&P CHECKPAYMT 10	0000001034	151.40	\$1,437.90
11/02/2010	POD INCLEARING CHECKS	PAID CHECK	0000001026	209.27	\$1,589.30
11/02/2010	POD INCLEARING CHECKS	PAID CHECK	0000001023	355.40	\$1,798.57
11/02/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 12	0000000000	579.00	\$2,753.97
11/01/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	23.36	\$2,074.97
11/01/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN30	0000000000	49.56	\$2,098.33
11/01/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN30	0000000000	113.69	\$2,147.09
10/26/2010	ACH DEPOSIT	MASS DUA UI BENEFIT 12	0000000000	579.00	\$2,261.58
10/25/2010	CK CRD SIGNATURE PURCH	QUICK STOP CONVENI	0000000000	54.62	\$1,582.58
10/25/2010	CK CRD SIGNATURE PURCH	EDAY INC.	0000000000	121.09	\$1,437.20
10/21/2010	CK CRD SIGNATURE PURCH	AMAZON MKTPLACE PM	0000000000	28.08	\$1,758.29

End of Report

Printed on 12/22/2010 at 13:06:14

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TO:8602411795

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Transaction History Transaction History

Disclaimer

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Account Title/Address:

TODD SILBER
73 FARNHAM RD

SOUTH WINDSOR, CT 06074

Customer Name:

TODD SILBER

Acct #: 8843 0396

Acct Type: WEBSTER VALUE CHECKING

Balance: \$16.30

Total Available Balance: \$1,796.86

Last Statement Date: 12/20/2010

History search parameters

Transaction

Amount

Date

Type: All Items

From:

From: 10/21/2010

To:

To: 12/22/2010

Pending Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate
12/22/2010	CK CRD SIGNATURE AUTH	DUNKIN #308834 EE410Q 097821 4	0000000000	5.24

Posted Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/21/2010	ONLINE TRNSF-IMMEDIATE	TFR FR CK 0019654443	0000000000	25.00	\$21.54
12/20/2010	SERVICE CHARGE	SERVICE CHARGE	0000000000	8.95	\$-3.46
12/16/2010	ONLINE TRNSF-IMMEDIATE	TFR FR CK 0019654443	0000000000	41.00	\$5.49
12/15/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN39	0000000000	4.23	\$-35.51
12/15/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN30	0000000000	67.00	\$-31.28
12/08/2010	CK CRD SIGNATURE PURCH	BARNES & NOBLE #21 72863143344	0000000000	64.95	\$35.72

----- End of Report -----

Printed on 12/22/2010 at 13:07:26

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OTSS00703 08/10

Identifier: 8843 Doc Type: WOUT
01/03/11 12:52:26 REMOTE ID->
JAN-3-2011 12:24 FROM: SOUTH WINDSOR PUBLIC 8606447645

Imprint ID
TO: 8602411795
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Please detach this stub and return it with your check made payable to CL&P. Save a stamp by paying online at www.clp.com. Please consider adding a \$1 for Operation Fuel to your payment.



**Connecticut
Light & Power**

The Northeast Utilities System

Account Number
[REDACTED] 9035

Statement date
Dec 6, 2010

Total amount now due
\$185.69

Amount Enclosed

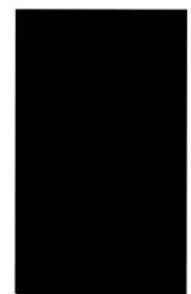
The "Total amount now due" must be received by Jan 3, 2011
to avoid a 1.00 % late payment charge.



MALINDA L. JOHNSTON
73 FARNHAM RD
SOUTH WINDSOR CT 06074-1115

Connecticut Light & Power
PO Box 150493
Hartford, CT 06115-0493

403533 0000185699 0000185699



8843

JAN-3-2011 12:24 FROM: SOUTH WINDSOR PUBLIC 8606447645

TO: 8602411795

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Contributors Letter

To Whom it may concern

To Whom it may concern,



Starting Jan 1st 2011, I, Malinda Johnston, will be contributing \$600 a month towards bills/mortgage. As of this time it will be a month to month basis. Earlier this year we had a Lease agreement that was terminated because Mr. Silber was still in foreclosure and under the threat of losing his house.

I FULLY INTENT TO STAY HERE AS LONG AS MR. SILBER REMAINS THE OWNER OF THE HOUSE!! But until all foreclosure, mediation, and law suits are over and done with or finalized there will be no new lease agreement, only a month to month verbal agreement. AGAIN, so there is no MISUNDERSTANDING, I plan on living at 73 Farnham rd, South Windsor ct. 06074, WITH Todd Silber, as long as he owns the house With a monthly contribution of \$600.

Malinda L Johnston
 12/24/2010

JAN-3-2011 12:24 FROM:SOUTH WINDSOR PUBLIC 8606447645 TO:8602411795 P.26

FINANCIAL ANALYSIS FORM

Account Number

8893

BORROWER		CO-BORROWER	
Borrower's Name <i>Todd Silber</i>		Co-Borrower's Name	
Street Number <i>2236</i>	Date of Birth <i>8-13-76</i>	Social Security Number	Date of Birth
Home Phone Number With Area Code		Home Phone Number With Area Code	
Cell or Work Number With Area Code <i>860-922-4156</i>		Cell or Work Number With Area Code	
Email Address <i>Silber-Spader@yahoo.com</i>		Email Address	
Mailing Address <i>73 Fairview Rd. South Windsor CT 06074</i>			
Property Address (If Same As Mailing Address, Write Same) <i>SAME</i>			
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agent's Name: _____ Agent's Phone Number: _____ Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of offer: _____ Amount of Offer \$: _____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? Are the taxes current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Condominium or HOA Fee: <input type="checkbox"/> Yes \$ _____ <input checked="" type="checkbox"/> No Paid to: <i>Escrow</i>		Who pays the hazard insurance policy for your property? Is the policy current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of People in the Household <i>(4)</i>			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bankruptcy Case Number: _____			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Service		Balance	Contact Number Loan Number
<i>N/A</i>			

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	CO-BORROWER
<input checked="" type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<input type="checkbox"/> Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male